Approved by OMB 3060-1194

## FCC 338 AM STATION MODULATION DEPENDENT CARRIER LEVEL (MDCL) NOTIFICATION

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FOR CC	OMMISSION USE ONLY	
FILE NO	O.	

## **SECTION I - GENERAL INFORMATION**

Legal Name of the Applicant				
Bonneville International Corporational Mailing Address	on			
55 North 300 West, 2nd Floor				
City			ZIP Code	
Salt Lake City		UT	84101	
Telephone Number (include area code 801/575-5874	)	E-Mail Address		
FCC Registration Number	Call Sign	Facility ID Number		
0006165955	KSL	6375		
Contact Representative (if other than I Kenneth E. Satten	icensee/permittee)	1 20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Firm or Company Name	
		wilkinson Barker Knauer, LLP	Wilkinson Barker Knauer, LLP	
Mailing Address 1800 M Street, NW, Suite 800N				
City		State or Country (if foreign address)	ZIP Code	
Washington		DC	20036	
Telephone Number (include area code) 202/783-4141		E-Mail Address		
		ksatten@wbklaw.com		
Community of License: City: Salt L	ake City	State: UT		
Date MDCL Control Operation com	nenced: 03/07/2019	(mm/dd/yyyy)		
In the event of interference, questions s	hould be directed to licens	ee's technical representative:		
Name Aaron Farnham	9	Telephone Number (include area code, om	it dashes)	
Aaron Panniam		8015757629		
Technical Data:				
Transmitter Manufacturer: Naute	el			
Transmitter Model: NX 5	0			
MDCL Control Technology Used:	ACC AMC	DAM DAM		
	DCC Other	(Specify):		
Anti-Drug Abuse Act Certification. Subject to denial of federal benefits pur Section 862.	Licensee certifies that neit suant to Section 5301 of the	her licensee nor any party to the application is ne Anti-Drug Abuse Act of 1988, 21 U.S.C.	Yes No	

8.	Licensee certifies that its MDCL operation will not cause human exposure to radio frequency radiation in
	excess of the limits for maximum permissible exposure specified in Section 1.1310 of the Commission's rules,
	and it is therefore categorically excluded from environmental processing pursuant to Section 1.1306(b) of the
	Commission's rules.

X	Yes	No

If No, licensee must submit an environmental assessment (EA) and may not commence MDCL operation until the EA is acted upon by the Commission.

Exhibit No.

## CERTIFICATION

I hereby certify that the statements in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I acknowledge that all certifications and attached Exhibits are considered material representations.

Typed or Printed Name of Person Signing Michael L. Dowdle	Typed or Printed Title of Person Signing Senior Vice President and General Counsel
Signature/	Date 4/1/19

WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

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